

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Gastroenterological Association Inc. PAC

ADDRESS (number and street)

4926 Delray Avenue

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00423228

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J. Sumner Bell MD

Signature of Treasurer

J. Sumner Bell MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">78185.85</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">36935.85</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">11755.00</span>	<span style="border: 1px solid black; padding: 2px;">52505.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">48690.85</span>	<span style="border: 1px solid black; padding: 2px;">130690.85</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">10000.00</span>	<span style="border: 1px solid black; padding: 2px;">92000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">38690.85</span>	<span style="border: 1px solid black; padding: 2px;">38690.85</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	7525.00	29275.00
(ii) Unitemized .....	4230.00	15230.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	11755.00	44505.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11755.00	44505.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	11755.00	52505.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11755.00	52505.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	89500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2500.00	2500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2500.00	2500.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10000.00	92000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	92000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11755.00	44505.00
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9255.00	42005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Gastroenterological Association Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Vijaypal Arya**

Mailing Address 7554 Metropolitan Avenue

City State Zip Code  
 Middle Village NY 11379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 04 / 2013

**Transaction ID : C2440754**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard McGuire Auld Jr.**

Mailing Address 1200 Sonoma Ave  
 Suite One

City State Zip Code  
 Santa Rosa CA 95405-6664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Digestive Health Consultants

GI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 08 / 2013

**Transaction ID : C2463468**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John A. Balint**

Mailing Address 47 New Scotland Avenue, Rm TS 101  
 Division of Gastro, MC 153

City State Zip Code  
 Albany NY 12208-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 01 / 2013

**Transaction ID : C2463463**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Gastroenterological Association Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. J. Sumner Bell III**

Mailing Address 4316 Sandy Bay Drive

City

Virginia Beach

State

VA

Zip Code

23445-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Digestive & Liver Disease Specialists

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2013

Transaction ID : C2463467

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joel V. Brill**

Mailing Address 3639 E Denton Ln

City

Paradise Valley

State

AZ

Zip Code

85253-7508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Predictive Health

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2013

Transaction ID : C2463457

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Naga P. Chalasani**

Mailing Address 3165 Whispering Pines Ln  
WD OPW 2005

City

Carmel

State

IN

Zip Code

46032-4427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University

Occupation

Professor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

10 / 04 / 2013

Transaction ID : C2463466

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Gastroenterological Association Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Hashem B. El-Serag**Mailing Address Faculty Center BCM 620  
1709 Dryden Rd

City	State	Zip Code
Houston	TX	77030-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : C2463472

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Rene Shek-Ming Eng**Mailing Address 217 Grand Street  
7th floor

City	State	Zip Code
New York	NY	10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Rene Shek-Ming Eng, M.D.

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2013

Transaction ID : C2456021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Clark A. Harrison**

Mailing Address 880 Ryland St

City	State	Zip Code
Reno	NV	89502-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Gastroenterology Consultants

Gastroenterologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2013

Transaction ID : C2463474

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Steve Douglas Klein**

Mailing Address 5115 Oleander Dr

City

Wilmington

State

NC

Zip Code

28403-7018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michigan Colon and Rectal Sgns

Occupation

Gastroenterologist

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 / 01 / 2013

Transaction ID : C2463454

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Paul Martin Martin Mauk**Mailing Address 4815Menlo Park Dr  
Ste 850

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

M.D.

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 / 19 / 2013

Transaction ID : C2457279

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Samiappan Muthusamy**

Mailing Address 695 Chestnut Street

City

Union

State

NJ

Zip Code

07083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for Digestive Diseases

Occupation

Gastroenterologist

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 10 / 01 / 2013

Transaction ID : C2440755

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Gastroenterological Association Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Mukesh B. Patel**

Mailing Address 348 Shoreham Dr

City

Danville

State

VA

Zip Code

24541-5165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Danville Gastro Center

Occupation

Physician-GI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : C2463460**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. James Willoughby Penuel Jr.**

Mailing Address 7152 Coca Sabal Ln

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Digestive Health Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2013

**Transaction ID : C2463476**

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

**c. Craig M. Sande**

Mailing Address 880 Ryland St

City

Reno

State

NV

Zip Code

89502-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gastroenterology Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2013

**Transaction ID : C2457280**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Gastroenterological Association Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Edwin C. Schafer**

Mailing Address 3875 S 177th Ave

City

Omaha

State

NE

Zip Code

68130-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Gastrointestinal Associates

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2013

Transaction ID : C2457141

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

7525.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Rand Paul Victory Committee**

Mailing Address PO Box 72190

City Newport	State KY	Zip Code 41072-0190
-----------------	-------------	------------------------

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rand Paul

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

Transaction ID : D149040

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE	State CA	Zip Code 95758
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Purpose of Disbursement  
Voided Disbursement for check originally dated 2/28/2013

Candidate Name

Rep. Ami Bera

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2013

Transaction ID : D150619

Amount of Each Disbursement this Period

-1000.00
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Full Name (Last, First, Middle Initial)

**C. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE	State CA	Zip Code 95758
-------------------	-------------	-------------------

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rep. Ami Bera

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

Transaction ID : D150620

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

**A. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City	State	Zip Code
GALLATIN	TN	37066

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rep. Diane Black

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

Transaction ID : D149034

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rep. Joe Pitts

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

Transaction ID : D149032

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rep. Michael C. Burgess

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

Transaction ID : D149033

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3500.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

American Gastroenterological Association Inc. PAC

## A. COFFMAN FOR CONGRESS

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D09' and has two pins labeled 'D'. The third connector is labeled 'Y2013' and has four pins labeled 'Y'.

Rep. Mike Coffman

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

## B. BENNET FOR COLORADO

M M / D D / Y Y Y Y  
10 09 2013

Sen. Michael Bennet

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

**C.**

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

3000.00

7500.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Gastroenterological Association Inc. PAC

2500.00